KCDA ORDER FORM

FOR KCDA USE

KCDA Order Number
Order Total

Date: _____ School District: _____

KCDA School Code: _____

Ordering Site: _____

Contact Person: _____ e-mail Address: _____

Phone #: _____ Fax #: _____

P.O. #: _____ Mark For: _____

Credit Card #: _____ Exp. Date: _____

Name Appears on Card: _____

- ❑ Procurement Card
  - ❑ Visa
  - ❑ MasterCard
- ❑ Personal Card
  - ❑ Visa
  - ❑ MasterCard

Approved By: (if required) _____

ITEM NUMBER	QTY	BRIEF DESCRIPTION	TOTAL

Submit your order by fax: (253) 395-5402 or mail to: KCDA, P.O. Box 5550, Kent, WA 98064-5550

KCDA School Code: _____ P.O. #: _____

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